

THE ATTRIBUTES OF A MASTER SURGEON

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Eponymous and commemorative orations and lectures feature prominently in the activities of many academic bodies. Among those that will be familiar to my audience tonight I need only mention the Hunterian, the Harveian, the Goulstonian, the Bradshaw, the Vicary, of the old-established, and the GordonTaylor and the Watson-Jones among the newer ones. These constitute notable landmarks in the calendars of events of the various institutions sponsoring them. The honour of being chosen to give one of these lectures is much sought after. "Si licet parvis componere magna", within the modest ambit of our Maltese academic world, I consider myself highly honoured in having been chosen to give this, the fourth P.P. Debono Memorial Lecture of the Association of Surgeons and Physicians.

In these circumstances, the difficulty of the choice of a subject induces the lec-

turer to seek help in studying how his predecessors have tackled the task, and in considering what the eponymy itself calls for. Thus, some of these lectures are largely and appropriately biographical in content, and others outright historical in treatment: some evoke a philosophical meditation on the more abstract aspects of a subject, while others are technical expositions of the lecturer's own special experience and interests in the field. Then there are some which, echoing Po!onius's assessment of the versatile actor's gamut of the "tragical-comical-historical-pastoral", offer a happy melange. In choosing to speak of the ATTRIBUTES OF A MASTER SURGEON I have elected for the combined Philosophical-biographical approach.

Let me start by stating the obvious: I consider P.P. Debono to have been a Master Surgeon, and therefore in ruminat-

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ing over my concept of the Master Surgeon I could, and indeed I shall, hold up to you the portrait of the man saying ECCE HOMO, and let it speak for me. But as P.P. died in 1958, and as this biennial lecture was started in 1969, the members of the audience who were privileged to know him personally must sadly and inevitably be in the minority and a dwindling band. So I shall try to tell you something of P.P. the man and P.P. the surgeon who was a Master Surgeon.

Some sardonic wit, an American no doubt, has altered the tag "De mortuis" to read "de mortuis nil nisi BUNKUM", and Samuel Johnson more elegantly says that "In lapidary inscriptions no man is upon oath." This notwithstanding. I am confident you will absolve me from any charge of insincerity, or of fulsome flattery, as I now proceed to read to you the two obituary notices that I was painfully, yet pleasantly, privileged to write for P.P.

The first is from the Times of Malta of the 5th. June 1958, two days after he died; "The death of the Hon. Professor P.P. Debono, O.B.E., M.D., D.P.H., F.R.C.S., removes from the Maltese medical scene a Master Surgeon, and one whose name as "Pietru Pawl" has been a household word to the highest in the land as to the humblest country folk for the last thirty-five years. No man in his lifetime can ever have packed so much hard and exacting work as P.P., with his superhuman energy; and no man can ever have had more reason to be well satisfied with the results of that work, the bringing of health and the alleviation of suffering to countless thousands.

Yet he had in full measure the fine humility of the great Physician and could be far more easily drawn to speak of what he was pleased to call his "mistakes and failures" than of his innumerable and brilliant successes.

Professor P.P. Debono established Modern Surgery in Malta and his successors and pupils owe him an immeasurable debt. In his time he contended with and overcame difficulties which recent advances in medicine have greatly reduced; and to the end no one was more progressive

than he.

He was no mere surgical craftsman, but possessed an immense academic stature, and in his work one admired his depth and range of knowledge as much as his superb judgement and his marvellous dexterity.

His approach to surgery was lion-hearted. His mettle was never more in evidence than during the War when he coped with the great majority of thousands of seriously wounded persons round the clock, day after day, for month after month, while never abandoning a burden of routine surgical work and teaching that would have broken any lesser man.

The fruits of his achievement live on in the generations of doctors who were privileged to sit at his feet, for it is difficult to say whether he was greater as a surgeon or as a teacher.

As a lecturer and as a clinical demonstrator he was immensely popular and so felicitously did he combine intelligence with versatility that one learned from him much more than surgery. Though so richly endowed himself with ability he was patiently tolerant of even the weakest among his students, and he never hesitated in taking on his own broad shoulders responsibilities which were too much for his assistants. He was far from effusive by nature, but no doctor has ever been more respected, or even more truly loved by his colleagues.

If ever man died in harness, it was he, and although we shall sadly miss his ability, his wisdom, his experience and his kindness, his host of patients and friends are happy that he went with his great talents and faculties unimpaired."

The second is from the British Medical Journal of the 9th. August 1958: "Professor P.P. Debono established modern surgery in Malta. He combined in the highest degree intellectual abilities and skilled craftsmanship, and coming to surgery by way of physiology and pathology, he proved an ideal teacher whose precept and example founded a sound surgical school in the island. His versatility was remarkable, and he had more than made his mark in bacteriology and pathology

before his superabundant energies were providentially turned towards surgery. Even in his most hectic surgical period, however, his interest in natural history never flagged, and his students habitually regarded him as their mentor in practically every subject of the medical curriculum.

During the first world war, when Malta was 'the Nurse of the Mediterranean', he was inspired by contact with Sir Charles Ballance and men of similar calibre who were treating the wounded from Gallipoli. His training in England made of him a teacher of the British school, and he was very well known to the leaders of British surgery of his time. The second world war, in which Malta occupied a most honourable front-line position, brought him the burden and the glory of treating almost single-handed the thousands of serious civilian casualties of enemy bombing; it is safe to say that no surgeon in the Commonwealth had a task of equal magnitude in operating for months and months of continuous bombardment in makeshift hospitals with the slenderest resources. Yet throughout that period he also coped successfully with routine surgery and with his teaching.

P.P. Debono was a true general surgeon of such high quality that the results of his incursion into any part of the human body could bear comparison with those of most specialist surgeons. His approach to surgery was lion-hearted, and his courage was matched by superb judgement and marvellous dexterity. He reached the peak of his achievement when he was yet denied those ancillary advances of anaesthesia and chemotherapy that we now almost take for granted. Surgery was not made easy for him, but he did seem to make it easy for others. He was magnificent in times of stress, when his own broad shoulders seemed made for the burdens of all around him; very seldom was he known to lose patience with his assistants, and never to stoop to blaming them when things were awry. He has created in Malta an example and a tradition which his pupils and successors are honoured in attempting to preserve".

I stand here before you tonight to aver

that what I wrote then was true, and is still true today, and I call upon many of you here as my witnesses. At the risk of some repetition, I would like to add further touches to this personal portrait and I would even wish where necessary to paint him for you 'warts and all.'

Quite simply, my mission tonight is an exercise in Hero Worship, sincerely and unashamedly such. As we go through life, surely most of us fix (or 'fixate' if you want pseudo-psychological jargon), must pick on some outstanding contemporaries as our models and patterns. (I here deliberately omit the real Heroes of the past and the imagined Heroes of the realm of fantasy). In my surgical formation my Hero was and still is P.P. Debono. He holds pride of place even above other great surgeons at whose feet I have sat, like Grey Turner; and in praising P.P. I have always tried to pay him the tribute of that which is the sincerest form of flattery. One indulgence, however; I would crave of you — do not for an instant think that in drawing for you the picture of the great attributes of P.P. I have ever been tempted to look into a mirror!

The Master Surgeon is no Master unless he is an inspiration to all about him. He must be a shining example, he must light the vital spark in others. He must be a Father of surgeons, a creator of a school of surgeons, of a dynasty of surgeons. I have seen somewhere a table showing the unbroken chain of master-pupil succession among the great surgeons of Central Europe from the late years of the last century well into the second half of this, from the Czernys and the Biltroths to our own contemporaries. Nearer to us in time and place and personal contact, Sir Charles Illingworth has produced to date some 12 or 15 eminent surgeons holding professorial chairs. The greatest of the Master Surgeons will do this consciously and deliberately by training their aptest pupils; but any master surgeon will do it unconsciously by mere contact and inspiration. P.P. Debono belongs to this second category. There are many motives or reasons some worthier than others, which induce one to take up surgery as a

career; the best and highest of these is the intrinsic merit of the discipline as one of the most soul-satisfying forms of medical practice. In Surgery the man with the right attributes should find his fulfillment, his justification for living and working. This conviction can be gained only by seeing surgery practised by a Master. But no one who is a dull clod can be a Master Surgeon. His belief in and his dedication to surgery must be of the highest order. Sir James Paterson Ross has written: "Although the pupil can benefit greatly from his master's technical skill, he will learn even more from his behaviour, the manner in which he conducts his daily duties. The pupil absorbs from his master the habits of thought, technique and of personality. Often enough we know the Master of the past generation by the pupils of the present." The surgeon who leaves behind him no tradition, no self-confessed pupils to carry on that tradition, is no Master.

You will have gathered that I do not place as the most eminent attribute that excellence in craftsmanship which we expect of any great surgeon. It is the best attributes of Soul, Spirit, Character, call it what you will, that raise the greatest above the merely great. Special character facets distinguish the surgeon from other doctors: much has been written on this topic, notably Ian Aird's slim volume "The making of a surgeon". Let it suffice to say that you should take all that, raise it to the superlative degree, and you have what makes the Master Surgeon.

After Inspiration I shall choose to dwell on the Dedication of the Master Surgeon, by which I mean his willingness to give himself to his patients entirely and wholeheartedly.

Surgery is not the easiest, it is not even the most lucrative way of making a living — but it is the most demanding in the best sense of the word. To the dedicated surgeon, it is his way of life. It demands sacrifice of time and leisure, and peace of mind and sleep, and family and friends, and of much else that sweetens and savours life. Its demands on the Master Surgeon can be exorbitant, being commen-

surate with his own great responsibilities before God and men. Fame is NOT the only 'spur that the clear spirit doth raise to scorn delights and live laborious days.' For most Master Surgeons their calling means a life-time sentence of hard labour, with little hope of remission even for good conduct. The amount of work that P.P. Debono managed to get through consistently for years and years was so pre-digious as to verge on the incredible.

Throughout practically all his career, he had to cover the surgical needs of the whole population of Malta and Gozo, sharing the burden most unequally with three other surgeons, none of whom engaged in the major surgery that he excelled in. It was only in the last 5 or 6 years of his hospital practice that he shed Orthopaedics into the willing and able hands of Alfred Craig, and that I began to take a fair share of other major general surgery off his broad shoulders. You must remember that this work-load included all emergency surgery — there simply were no resistrars between the consultant and his raw housemen in those days! To be sure, the range of major surgery was somewhat more restricted than it is now, but it was not very narrow and the essential surgery got done. Also even in waiting-list surgery like that for hernias, P.P.'s was the lion's share. Of course, part of this intolerable burden was of his own making, since he could not or would not delegate work even to his staff colleagues, let alone to the smaller fry. On one occasion, Dr. Charlie Podesta as P.P.'s right-hand man, general factotum, anaesthetist and resuscitator, and myself as favoured houseman, were so overcome with the windfall of being given a circumcision to do, that we had to share the actual excision and suturing. And it was not unknown for certain notorious tough characters among the male nurses, like 'it-Tobby' and Manwel Zerafa to make a surreptitious gash into a superficial abscess and then report 'Infetahlu, sur Professur!! Once PP tried to fend off the complaints of a patient awaiting a much-postponed prostatectomy with the excuse that, the man being grossly obese, P.P.'s finger was too short for the job;

whereupon the patient burst out "Good God, am I waiting till your finger grows longer?!" I do believe that if the one and only E.N.T. Surgeon in Malta had not been his own brother, P.P. would have removed all the tonsils on the island as well!!

This formidable workload was only half the story — P.P.'s private practice burden was enough for six ordinary mortals. Not only was much of the operating conducted on the kitchen table in the private homes, even in the farmhouse, sometimes (not always) with general practitioner assistance, sometimes (not invariably) plus a so-called nurse, but he was at the beck and call of every doctor in Malta and Gozo for domiciliary consultations, at a time when it was unthinkable for anyone to hazard coming to hospital without such prior consultation. Then at the Blue Sisters' Hospital on several afternoons a week, and late into the evenings, as I well remember from the period when I was his personal assistant, he would take into his stride 3 or 4 major abdominal cases, with 6 or 7 hernias thrown in for good measure.

I have called this Dedication, ladies and gentlemen. You can also call it Stamina, not just physical but above all psychological toughness, the durability and the resilience of steel.

I firmly believe that the Occasion calls forth the Man, and that of all occasions War is the greatest selector of Supermen. The first World War launched Debono into Pathology, and possibly turned his thoughts to Surgery; its aftermath, the Influenza pandemic, removed from his path a possible rival, and he seized his chance with both hands. In the second World War, on the civilian medical war front, Malta was supremely fortunate in having two first-class men at their peak — Professor A.V. Bernard for preparation and administration, and P.P. Debono to deal with the surgical casualties. I leave for another occasion an account of War Surgery as we learned it and experienced it in Malta from 1940 to 1943, but I must repeat that even for sheer volume of work, and high-class work at that, P.P. must have been unmatched in most parts of the world ravaged by the conflagration.

This was his finest hour — and what an interminably long hour it was. In my judgement, Debono of Malta during the War was not just a Master, but a GRAND MASTER, as great as La Valette!!

As I would have you see the whole man, by way of contrast I shall say what little I know of P.P.'s leisure pursuits, for even he did not perpetually breathe the air laden with ether fumes or pungent with the reek of BIPP. I suspect that most of his leisure time was taken up by looking after his not inconsiderable property estate! Some of this was farmland at Manikata, and he delighted in the company of farmers. He was a good judge of agrarian produce. He kept parrots and other livestock, not all edible. His knowledge of Natural History was wide and deep, and he was a collector in a rather desultory way. He snatched time for the occasional game of bezique or bridge. I do not think he found enough time for much general reading; I can remember him making only one literary reference, and that to Flaubert's 'Salamambo', a puerile pseudo-historical exercise in technicoloured violence quite unworthy of the author of 'Madame Bovary'. In 1947 P.P. made an unexpected diversion into the murky atmosphere of politics, an aberration which I did not regret as it helped me to take over most of his major surgery! It is said that at a public meeting in Rabat he ended his peroration with the appeal "O Sinjur, tihom id-dawl, biex jivvutaw qhal Pietru Pawl". In his brief spell as Minister of Health he introduced some worthwhile reforms, and then he was one of our better Speakers.

The Master Surgeon is obviously marked by destiny to become a Leader, a Captain. His intrinsic merits bring him to the top and keep him there. He may be "primus inter pares", but there is never any doubt of his primacy. Being human, he may sometimes develop into a despot and a tyrant, as Sauerbruch did — but far more often he exercises his authority justly and fairly. The stress of critical decision and hazardous action in major surgery calls for a Man of Iron. As he stands over the body of his patient fighting off

Death with his own two hands, the surgeon can be excused if he shows not only a certain greatness of gesture but even a degree of grandiosity, provided that this comes naturally and is not an affectation put on for an audience. No true surgeon stoops to displays of temperament or to prima donna "attitudes" — but the Master Surgeon often finds himself cast in the rôle of the gifted actor responding to the high drama of surgery. Panache is what many master surgeons exhibit — but that does not mean that they are all flamboyant extroverts. It means that they are obviously in command of the situation, and just as obviously the right men to be so placed. The surgeon under stress must, above all other attributes, show Equanimity, which is not quite the same as Osler's 'aequanimitas' but a moral quality just as beautiful even when translated into the modern slang of Unflappability!! When life is at stake, it is this quality in the surgeon that usually tilts the balance in the patient's favour. Everyone here who worked with P.P. knows that he was ALWAYS in command of the situation, that he was NEVER dismayed or distraught.

A man is great only in proportion to his awareness and acknowledgement of his own weaknesses and limitations. The Master Surgeon is greatest when he recognises and admits his mistakes and failures — indeed he would be no master at all if he failed this crucial test of character. He who by his superb gifts is so well placed to see the deficiencies of others, must first and foremost and above all see his own. In this, as in so many other things P.P. set us a fine example.

The Master Surgeon must almost invariably be a great Teacher. It is through his teaching that he spreads his influence and perpetuates his talents, surely a legitimate ambition, even an obligation, of the gifted Superman. The method of this teaching may vary, but it is always of the highest quality. P.P. Debono was a superb teacher. In the lecture room he used the briefest of headline notes to guide him for continuity and comprehensiveness in delivering lectures characterised by fluent language, striking emphasis, clarity, memorable

phrasing and particularly by practicality and common sense. He concentrated on what the undergraduate needs to know of the common and important conditions. He had a gift for communicating the principles and the spirit of the subject, rather than the mere details which can be found in any textbook. Indeed, the notes I made from his lectures were superior to any textbook then available and I still find valuable use for them today. As a bedside teacher, whether at formal clinical lectures or on ward rounds, he was yet more fascinating. The great teacher transmits the fruits of his own experience and of the wisdom of others. P.P.'s endowment from both these sources was rich, wide, deep and up-to-date. In 1940 he was teaching us and applying to his patients with war injuries, the principles deriving from Trueta's experience in the Spanish Civil War. His teaching and practice on fractures was inspired by the most recent writing of Bohler and Watson Jones. Crohn wrote on regional ileitis in 1932, and P.P. was telling us all that was known about it in 1941. The credit goes to P.P. that his pupils needed to add little to the rich store he had given them so as to cope successfully with the hazards of the Fellowship examination. When I look back at topics like hiatus hernia which did not feature prominently in his teaching, I realise that he was handicapped in diagnostic aids; and of other problems like cancer of the lung and diverticular disease of the colon, I am certain that these were not as prevalent in Malta then as they are now. But P.P. gave his students all he had, and that was superabundance. He was original and 'avant garde' in some of his concepts — he suspected the existence of the diabetic autonomic neuropathy that is such a 'new' topic these days, and I found in England in 1945 that his ideas on gangrene in diabetics were regarded as novel and valuable. His versatility knew no bounds — he knew more about leprosy than anyone in Malta, and possibly more about amoebiasis than anyone in Europe. To us he was our "universal Doctor", the very compendium of all medical teaching, a polymath. He taught us 'rag and-bottle' anaesthesia with



Professor P.P. Debono

both ether and chloroform where his experience and mastery ensured safety, while with spinal anaesthesia in thousands of cases he very seldom failed. In communicating with patients or students he would put things in a nutshell, with terse and vivid expressions sometimes aphoristic in quality, but more often earthy and homely. To a man with peripheral arterial obstruction he would say "You can choose — either you cut your smoking, or I cut off your leg." When tapping a hydrocele for a farmer, he would say "that fluid makes a good fertiliser for your plants", and we students would ever remember it must have some nitrogen content. Speaking of excision of lymph nodes from the neck, he would warn "This is not an operation to tackle in the back room of a dispensary." He may not have invented the term "abdominal policeman" for the omentum, but I feel sure it was he who said that unlike some constables it never moved AWAY from a trouble spot. Like-

wise, I am not sure that he originated the expression "The principle of Mohammed" for collapsing the rigid chest wall onto an inexpandible lung, but he certainly impressed us deeply with the concept. On cancer he said that it "went berserk" if interfered with by partial removal — not so the tuberculous lesion, where the 'vis medicatrix naturae' could be trusted to deal with residual disease. And what could be more vividly memorable, though gastronomically deterring, than his description of the faeces smeared with blood in cancer of the rectum as "Iz-zalza fuq il-bragoli".

It is a great pity that his wealth of knowledge and experience can find perpetuation only through the transient medium of his pupils, since he left all too little in writing. However, my own students will vouch for me that I never tire of preaching 'the gospel according to P.P.' — and I can modestly claim that I have now preached it to several generations since P.P. chose me as his Demonstrator in 1944, a year and a half after I had 'chosen' him as my first Chief immediately on qualifying. He taught us to keep good case histories, and particularly with his war casualty records he started the rudiments of a central filing system — we have not progressed much at St. Luke's since his day. He was a good organiser, and would have been a better one if he did not have so much to do with scanty assistance: even he, a formidable bulldozer in action, was not immune from the frustrating shackles of bureaucracy. Like every great Captain, he was a good judge of the worth of every member of his team; as brash and cocksure tyros we learned from P.P. proper respect for the diagnoses of certain general practitioners whom he himself rated highly. He picked Dr. Natsu Zammit for training in Radiology, to become the confident, competent colleague we owe so much to; and he pushed Dr. Pep Darmanin Demajo into self-taught anaesthesia on discerning his technical aptitude, resourcefulness and composure under stress which is as vital to an anaesthetist as to a surgeon.

When due acknowledgement has been made to the superlative intellectual attri-

butes of the Master Surgeon in the Science of Medicine, it must be admitted that he has to pass brilliantly in the crucial test of the Art or craft of his calling. The use of the Healing "Hand" is of the very essence of Surgery, even etymologically, guided though that hand must be by head and heart. The Master Surgeon to fulfill his high mission, must be an outstandingly good operator producing consistently good results. There are many widely different manners of operating, and each of them is appropriate to the surgeon concerned and to the operation itself. The Master Surgeon is usually versatile in technique, and always adaptable to the circumstances of the particular case in hand. At most times the meticulous control of bleeding is essential — but there are moments when the surgeon has to be 'bloody, bold and resolute'. It is fashionable nowadays, particularly among those who cannot achieve it, to decry speed in operating, or at least to pretend that there is no need for it. But judicious speed every day saves as many lives as are sacrificed by indecisive dawdling, and the really good surgeon who knows his anatomy and knows his own mind can smoothly and effortlessly attain the ideal combination of delicacy, neatness, accuracy, safety — and speed! I think that you will now need no telling that P.P. Debono was brave and was fast! Patients or their doctors often can, and I think they should, choose their surgeon according to the type of operation they need — I shall only say that if I were bleeding furiously or if I harboured a formidable tumour, I would want a P.P. Debono to operate upon me. Obviously the Master Surgeon will master difficulties that deter or defeat the lesser man.

P.P. was of the true bread of general surgeons in all-round confident competence. I would now like to illustrate this facet of his work in two very different fields — first, with the humble but very necessary operations for Hernia. I doubt if any surgeon in any part of the world had a vaster experience or better results than P.P. had. He did not choose his cases: the majority were labouring men, well ad-

vanced in years, with hernias of some age too. Of huge irreducible hernias he would say that the contents had been exiled so long from the abdomen that they had 'lost the rights of citizenship.' I attribute his good results to the stress he laid on a correct anatomical assessment of the structural defect and on the adaptation of the method of repair accordingly. He graphically illustrated this by saying "If you have a small hole in your sock you stitch it; if it's a larger hole you darn it; if it's a very large hole you patch it." Long before Lytle's anatomical writings on the internal inguinal ring, P.P. evolved his repair of that site with a method that I always demonstrate to my assistants as Debono's U stitch. P.P. used for repair a pedicled strip from the edge of the external oblique aponeurosis, and he invented a special instrument for it on the Reverdin principle which was much superior to Gallie's needle. This technique and his method for direct hernias deserve immortalisation as 'Debono's operation' rather more than several eponymous operations I could name.

P.P. was nothing if not boldly progressive and ambitious, so it was natural for him in his later years to take up the challenge of Thoracic Surgery. At first this meant solely operations for pulmonary tuberculosis, and when I was a student in the war years he was already doing many successful thoracoplasties. In the aftermath of war there were so many cases, and the general standard of treatment at the old Connaught Hospital was so poor, that the Colonial Office and the Nuffield Trust gave high priority to providing staff and equipment to tackle the scourge. I was sent in 1946 to train under Holmes Sellors and Vernon Thompson at Harefield Hospital, and there P.P. came too on a brief visit to see the modern thoracoplasties as modified by Semb and by Price Thomas and by my two masters. When I returned to Malta I joined P.P. as his junior partner and we set up the nucleus of a team operating at both the Connaught and the Central Hospital. Somewhat to my disappointment, until his retirement in 1950, he still went on doing all the thoracoplasties, much better and much more safely,

— but he did delegate to me all the other types of operation, of those days, including the delicate and tedious Jacobean pleural adhesion sections. I suspect that this was not from any feeling that he was too old a dog to learn new tricks, but because he relished more the large and spectacular operations. As he often told me, he "felt happier and safer handling a knife than a syringe." He left too early to undertake lung resections for tuberculosis, and indeed when I myself took these up after my long stint at thoracoplasty, I was soon happily 'put out of business' by the advance of chemotherapy. However, in 1947 at the Bugeja emergency Hospital, P.P. had achieved his ambition and made Maltese medical history with the first pulmonary lobectomy by dissection. This was for a chronic abscess in a young woman from St. Paul's Bay, and was a complete success. I was privileged to assist him, and "Dede" not only puzzled out the complexities of controlled respiration but had to fashion his own endotracheal tubes out of ordinary rubber tubing! Resection for cancer of the bronchus was naturally P.P.'s next target, but success eluded him, and it was not until 1953 that I did our first successful pneumonectomy at St. Luke's, with the traditional beginner's luck and survival of the patient for eight years! Spurred on by my accounts of what I had seen Grey Turner achieve at Hammersmith, P.P. could not rest without tackling the cancerous oesophagus, and he made the attempt, with me assisting and Dr. Richie Casolani anaesthetising in 1948 at the Blue Sisters' hospital, unfortunately without success; I was more lucky with my first case in 1951 at the Central Hospital. Finally, many of you will remember from Dr.

Paul Cassar's fine account in the last Memorial Lecture, P.P.'s spectacular crowning glory with the successful ligation of a patent ductus arteriosus.

Ladies and gentlemen, when today we look at what P.P. Debono and his like achieved in their time, lacking all facilities we now enjoy, we must whole-heartedly proclaim: "There were GIANTS in the land, in those days"!!

As I look upon, and look up to, the **MASTER SURGEON**, he who stands in the vanguard of the eternal battle against the Captains of the Men of Death, I ask with Wordsworth:—

"Who is the Happy Warrior? Who is he
That every man in arms should wish to be?
— It is the generous Spirit ———

Whose high endeavours are an inward light
That makes the path before him always
bright:

Who, with a natural instinct to discern
What Knowledge can perform, is diligent
to learn:

Who, doomed to go in company with Pain,
And Fear and Bloodshed, miserable train!
Turns his necessity to glorious gain!
In face of these doth exercise a power
Which is our human nature's highest
dower:

Controls them and subdues, transmutes,
bereaves
Of their bad influence, and their good
receives:

By objects which might force the soul to
abate
Her feeling, rendered more compassionate
—————"

Ladies and gentlemen, **PETER PAUL DEBONO**, the **MASTER SURGEON** was the **HAPPY WARRIOR**.